

Chamber Alliance Partner Program

Membership Opt-in with Chatswood Chamber of Commerce



Local Chamber member details

Your Local Chamber

Business name

ACN/ABN

Street address

Suburb

State

Postcode

Postal address (if different to street address)

Suburb

State

Postcode

Telephone

Fax

Website

Number of employees

Primary contact person

Mr/Mrs/Ms/Miss/Dr

First name

Surname

Job title

Direct telephone ()

Direct fax ()

Mobile

Email

I am already a member of the NSW Business Chamber

Membership declaration/s Please tick

NSW Business Chamber membership declaration. I, being the Applicant (or authorised by the Applicant) hereby apply for "No Cost" Limited Membership of NSW Business Chamber as part of the Alliance with Chatswood Chamber of Commerce and agree to be bound by its constitution as amended from time to time. I understand the constitution is on the website www.nswbusinesschamber.com.au/termsandconditions. For full terms and conditions of membership please visit www.nswbusinesschamber.com.au.

Signature

Date

Fax back to Chatswood Chamber of Commerce on 9415 2434